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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	inorized Committe	e		Office Use Only
1. NAME OF T COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M	5
FLORIDA HEALTH POLITICA	AL ACTION COMMITTE	E (THE PAC OF BLU	JE CROSS	S & BLUE SH	IELD OF FL, INC)
ADDRESS (number and street)	P.O. Box 6936				
Check if different	4800 Deerwood Campus P	arkwy, DC3-4			
than previously reported. (ACC)	Jacksonville			FL [32246
2. FEC IDENTIFICATION NUI	MBER ▼ CI	TY▲		STATE A	ZIP CODE ▲
C C00161141		S THIS NREPORT (M	EW I) OR	x AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		lay 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			un 20 (M6)		(Non-Election Year Only)
April 15 Quarterly Report (Q1		²⁰ (M4) J	ul 20 (M7)	X Oct 2	20 (M10) Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)		General (12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention (1	2C)	Special (12S)
Quarterly Report (Q3 January 31 Year-End Report (YE		on on	D D /	YIYIY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for the:	M - M /	D = D /	Y Y Y	in the
5. Covering Period 09	01 2016		M M	30	2016
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best o Healy, Gary, M., Mr.,	f my knowledge and b	elief it is tro	ue, correct and	complete.
	Gary, M., Mr.,	[Electronically	Filed] [Date 10	/ D D / Y D Y D Y 2016
NOTE: Submission of false, erroned	ous, or incomplete information	on may subject the pers	on signing t	his Report to th	e penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

09 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 146609.96 January 1. 2016 (b) Cash on Hand at 143651.03 Beginning of Reporting Period..... 13923.70 95453.42 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 242063.38 157574.73 6(a) and 6(c) for Column B)..... 29500.00 113988.65 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 128074.73 128074.73 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Re		09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	09 30 / 2016
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	8516.49	42290.70
	(i) Itemized (use Schedule A)	6310.49	42389.70
	(ii) Unitemized	5407.21	47563.72
	(iii) TOTAL (add	4 4	7 7 7
	Lines 11(a)(i) and (ii)	13923.70	89953.42
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	13923.70	89953.42
10	Totals to Line 33, page 5) Transfers From Affiliated/Other	10020.10	4 4
	Party Committees	0.00	0.00
	. 4,	4 4	4 4
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures	4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1	
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made		
	to Federal Candidates and Other		
	Political Committees	0.00	5500.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,		7 7
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	13923.70	95453.42
	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	13923.70	95453.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

21. Operating Expenditures: (a) Allocated FederalNon-Federal Activity (from Schedule H4) (i) Federal Share	Total Ti	UMN A his Period	COLUMN B Calendar Year-to-Date
(ii) Non-Federal Share	ditures: ————————————————————————————————————		
(b) Other Federal Operating Expenditures	· · · · · · · · · · · · · · · · · · ·	0.00	0.00
(b) Other Federal Operating Expenditures	Novel Chara	0.00	0.00
Expenditures		0.00	0.00
(add 21(a)(i), (a)(ii), and (b))		0.00	0.00
Transfers to Affiliated/Other Party 0.00 Contributions to Federal Candidates/Committees 29500.00 Independent Expenditures 29500.00 (use Schedule E) 0.00 Coordinated Party Expenditures 0.00 (52 U.S.C. § 30116(0)) 0.00 Loan Repayments Made 0.00 Loan Repayments Made 0.00 Fetunds of Contributions To: 0.00 (a) Individuals/Persons Other 0.00 Than Political Committees 0.00 (b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contribution Refunds 0.00 (dd Lines 28(a), (b), and (c)) 0.00 Other Disbursements (Including 0.00 Non-Federal Donations) 0.00 (a) Allocated Federal Election Activity (52 U.S.C. § 30101(20)) 0.00 (a) Allocated Federal Election Activity Paid 0.00 (ii) "Levin" Share 0.00 (b) Federal Election Activity Paid 0.00 (c) Total Federal Election Activity (add 0.00 (c) Total Federal Election Activity (add			1 1 1 1 1 1 1 1 1
Committees 0.00 Contributions to Federal Candidates/Committees and Other Political Committees 29500.00 Independent Expenditures 0.00 Coordinated Party Expenditures 0.00 Coordinated Party Expenditures 0.00 (se Schedule E) 0.00 Loan Repayments Made 0.00 Loan Repayments Made 0.00 Loans Made 0.00 Refunds of Contributions To: 0.00 (a) Individuals/Persons Other 0.00 Than Political Committees 0.00 (b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contribution Refunds 0.00 (add Lines 28(a), (b), and (c)) 0.00 Other Disbursements (Including 0.00 Non-Federal Donations) 0.00 Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity 0.00 (b) Federal Share 0.00 (c) Total Federal Election Activity Paid Entirely With Federal Funds 0.00 (c) Total Federal Election		0.00	0.00
Federal Candidates/Committees and Other Political Committees (use Schedule E)		0.00	20000.00
(use Schedule E) 0.00 Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) 0.00 Loan Repayments Made	es/Committees	29500.00	93988.65
Coordinated Parfy Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)			
Loan Repayments Made	y Expenditures 16(d))	4	0.00
Loans Made		0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	s Made		0.00
Than Political Committees	ibutions To:	0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
(add Lines 28(a), (b), and (c))		0.00	0.00
Non-Federal Donations)		0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	ents (Including		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	ations)	0.00	0.00
(ii) "Levin" Share	deral Election Activity ule H6)		
(b) Federal Election Activity Paid Entirely With Federal Funds	nare	0.00	0.00
Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00	0.00
		0.00	0.00
Total Disbursements (add Lines 21(c) 22), 30(a)(ii) and 30(b))	0.00	0.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 29500.00	7, 28(d), 29 and 30(c))	29500.00	113988.65
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)		29500.00	113988.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	or disbursements	Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13923.70	89953.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13923.70	89953.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alligood, Jay, J,, Jr. Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 201608301739-272 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Chief Audit Executive** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alligood, Jay, J, , Jr. Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-273 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Audit Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Alligood, Jay, J., Jr. Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-268 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Chief Audit Executive** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Altmire, Jason, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 201608301739-285 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP Public Pol & Comm Engagemt Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Altmire, Jason, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-286 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla SVP Public Pol & Comm Engagemt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Altmire, Jason, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-283 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla SVP Public Pol & Comm Engagemt Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Anderson, Thomas, C,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 20160912162446-1 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pres & CEO GW Alg-CLC & CO GWS **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Anderson, Thomas, C, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City State Zip Code Transaction ID: 20160919131540-55 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Pres & CEO GW Alg-CLC & CO GWS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Anderson, Thomas, C., Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 30 2016 City Zip Code State Transaction ID: 2016102115241-55 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Pres & CEO GW Alg-CLC & CO GWS Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Atwater, Lynette, W, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 900 2016 City Zip Code State Transaction ID: 201608301739-201 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir Clinical Review RN Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Atwater, Lynette, W, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-200 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir Clinical Review RN Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Beck, James, J., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-45 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir External Audits Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) (check of the Detailed Summary Page

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beck, James, J,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-44 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir External Audits Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beck, James, J,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-44 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir External Audits Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bedenbaugh, Jeffrey, Yates, Date of Receipt Mailing Address 325 John Knox Road 02 2016 Suite 107 City State Zip Code Transaction ID: 201608301739-212 FL Tallahassee 32303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir - Advanced Analytics Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bedenbaugh, Jeffrey, Yates, , Date of Receipt Mailing Address 325 John Knox Road Suite 107 16 2016 City Zip Code State Transaction ID: 20160913202946-211 FL Tallahassee 32303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir - Advanced Analytics Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bedenbaugh, Jeffrey, Yates, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-208 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir - Advanced Analytics Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Brennan, Colleen, D., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-286 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Integ&Compliance Off Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brennan, Colleen, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-287 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Integ&Compliance Off Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brennan, Colleen, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-284 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Integ&Compliance Off Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bryant, Scott, A, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 800** City State Zip Code Transaction ID: 201608301739-179 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Consumer Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bryant, Scott, A,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 800 16 2016 City Zip Code State Transaction ID: 20160913202946-178 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Consumer Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bryant, Scott, A,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 800 City State Zip Code Transaction ID: 2016092716916-177 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Consumer Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carroll, Andrew, M, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 300** City State Zip Code Transaction ID: 201608301739-129 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Strategic Account Exec - Combo Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carroll, Andrew, M., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 16 2016 City Zip Code State Transaction ID: 20160913202946-128 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Strategic Account Exec - Combo Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carroll, Andrew, M., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 300 City State Zip Code Transaction ID: 2016092716916-128 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Strategic Account Exec - Combo Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cassaro, Daniel, M, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 900 City Zip Code State Transaction ID: 201608301739-172 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr IT Business Sys Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cassaro, Daniel, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 900 16 2016 City Zip Code State Transaction ID: 20160913202946-171 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr IT Business Sys Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cassaro, Daniel, M., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 600 City State Zip Code Transaction ID: 2016092716916-171 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr IT Business Sys Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Chiado, James, William, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-7 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Sr. Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Chiado, James, William, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 2016102115241-7 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Sr. Project Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coats, William, A, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 201608301739-267 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Investment Officer&Tr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Coats, William, A., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-268 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Investment Officer&Tr Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coats, William, A,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-263 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Investment Officer&Tr Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coffey, Jacquelyn, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 800 City State Zip Code Transaction ID: 201608301739-263 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Telemarketing GWC Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Coffey, Jacquelyn, D., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 **Building 800** City State Zip Code Transaction ID: 20160913202946-264 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Telemarketing GWC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coffey, Jacquelyn, D, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 800 2016 City Zip Code State Transaction ID: 2016092716916-259 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Telemarketing GWC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Coston, Sandra, L, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 20160912162446-5 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Chairperson & CEO GWS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Coston, Sandra, L, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-48 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Chairperson & CEO GWS Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coston, Sandra, L, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 2016102115241-48 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chairperson & CEO GWS **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cronin, Timothy, Bosley, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 201608301739-287 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Chief Procurement Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cronin, Timothy, Bosley, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-288 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Chief Procurement Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cronin, Timothy, Bosley, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-285 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Chief Procurement Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dees, Lisa, B, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 20160912162446-6 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options Assistant General Counsel** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 425.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dees, Lisa, B, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-63 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Assistant General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dees, Lisa, B,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 2016102115241-63 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Assistant General Counsel **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dikter, Harvey, B, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 20160912162446-7 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 13.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Pres&COO GWS-Pres&CEO FCSO&N Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 263.40 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dikter, Harvey, B, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-49 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 13.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Pres&COO GWS-Pres&CEO FCSO&No Receipt For: Aggregate Year-to-Date ▼ Primary General 263.40 Other (specify) 51.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Evans, Angela, P,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 2016 City Zip Code State Transaction ID: 2016092716916-203 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 26.14 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla IT Director Receipt For: Aggregate Year-to-Date ▼ Primary General 520.76 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fischer, Kirk, D., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 300 City State Zip Code Transaction ID: 201608301739-284 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Delivery System Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fischer, Kirk, D., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 **Building 300** City State Zip Code Transaction ID: 20160913202946-285 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Delivery System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 126.14 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fischer, Kirk, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 2016 City Zip Code State Transaction ID: 2016092716916-282 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Delivery System Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flottman, Kenneth, Raymond, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 20160912162446-8 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options Assistant General Counsel** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Flottman, Kenneth, Raymond, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-65 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Assistant General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 74.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flottman, Kenneth, Raymond, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 2016102115241-65 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Assistant General Counsel **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. France, Andrew, E, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 201608301739-141 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir Actuary II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** France, Andrew, E, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-140 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir Actuary II Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 58.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name France, Andrew, E, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-140 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir Actuary II Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Geraghty, Patrick, J, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 201608301739-282 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 191.66 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chairman & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3833.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Geraghty, Patrick, J., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-283 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 191.66 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chairman & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 3833.20 Other (specify) 406.32 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Geraghty, Patrick, J,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-280 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 191.66 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chairman & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 3833.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Giles, Thomas, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 201608301739-230 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 62.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Federal Govt Relations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1235.92 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Giles, Thomas, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-229 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 62.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Federal Govt Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 1235.92 Other (specify) 315.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Giles, Thomas, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-226 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 62.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Federal Govt Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 1235.92 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez, Sharon, R,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 200 City State Zip Code Transaction ID: 201608301739-34 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Mgr b - Contact Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonzalez, Sharon, R., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 **Building 200** City State Zip Code Transaction ID: 20160913202946-34 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Mgr b - Contact Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 102.13 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Sharon, R,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 200 2016 City Zip Code State Transaction ID: 2016092716916-34 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Mgr b - Contact Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goodwine, Carolyn, L, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 16 2016 Building 400 City State Zip Code Transaction ID: 20160913202946-93 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 10.73 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Analyst III - Business Support Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 213.52 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Goodwine, Carolyn, L, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 **Building 400** City State Zip Code Transaction ID: 2016092716916-93 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 10.73 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Analyst III - Business Support Receipt For: Aggregate Year-to-Date ▼ Primary General 213.52 Other (specify) 41.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gregor, Joseph, C,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 2016 City Zip Code State Transaction ID: 2016092716916-276 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Commercial Segments** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Griffin, Cynthia, R, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 900 City State Zip Code Transaction ID: 201608301739-276 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Pharmacy Programs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Griffin, Cynthia, R., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 900 City State Zip Code Transaction ID: 20160913202946-277 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Pharmacy Programs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Griffin, Cynthia, R,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 900 2016 City Zip Code State Transaction ID: 2016092716916-273 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Pharmacy Programs Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Shanrika, S., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 201608301739-228 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 37.28 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sourcing Manager Procuremt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 742.68 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hall, Shanrika, S., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-227 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 37.28 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sourcing Manager Procuremt Receipt For: Aggregate Year-to-Date ▼ Primary General 742.68 Other (specify) 99.56 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hall, Shanrika, S, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-224 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 37.28 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sourcing Manager Procuremt Receipt For: Aggregate Year-to-Date ▼ Primary General 742.68 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Haramboure, Diana, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City State Zip Code Transaction ID: 20160912162446-10 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Sr. VP & Chief Admin Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Haramboure, Diana, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-35 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Sr. VP & Chief Admin Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 87.28 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Haramboure, Diana, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 2016102115241-35 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP & Chief Admin Officer **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harrison, Camille, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 201608301739-281 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chief Customer Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Harrison, Camille, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-282 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chief Customer Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harrison, Camille, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-279 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chief Customer Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Healy, Gary, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 201608301739-270 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Corporate Tax** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Healy, Gary, M, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-271 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Corporate Tax Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Healy, Gary, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 2016092716916-266 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Corporate Tax** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hinkson, Thomas, V,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City State Zip Code Transaction ID: 2016102115241-2 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options VP** Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hobgood, Carlton, P., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 300** City State Zip Code Transaction ID: 201608301739-266 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 19.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 382.60 Other (specify) 89.13 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hobgood, Carlton, P,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 16 2016 City Zip Code State Transaction ID: 20160913202946-267 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 19.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 382.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hobgood, Carlton, P, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 300 City State Zip Code Transaction ID: 2016092716916-262 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 19.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 382.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hogan, Jonathan, J., Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-13 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** VP Fin Ops & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 53.26 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Jonathan, J,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-54 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Fin Ops & CFO **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Jonathan, J, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 2016102115241-54 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** VP Fin Ops & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Holton, Tammy, R, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-72 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Business Ethics Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holton, Tammy, R,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-71 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Business Ethics Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Holton, Tammy, R, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-71 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Business Ethics Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Holubowicz, Steven, P., Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-57 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Dir Prov Audit & Reimb **Novitas** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holubowicz, Steven, P,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-59 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Dir Prov Audit & Reimb **Novitas** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holubowicz, Steven, P,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City State Zip Code Transaction ID: 2016102115241-59 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Novitas** Sr. Dir Prov Audit & Reimb Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Horne, Suzanne, U, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-258 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Sr Counsel & Board Govern Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Horne, Suzanne, U, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-259 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Sr Counsel & Board Govern Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Horne, Suzanne, U, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-254 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Sr Counsel & Board Govern Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. James, Robert, K., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 300** City State Zip Code Transaction ID: 201608301739-24 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir FL Blue Ctr for Health Pol Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name James, Robert, K,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 16 2016 City Zip Code State Transaction ID: 20160913202946-24 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir FL Blue Ctr for Health Pol Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. James, Robert, K,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 300 City State Zip Code Transaction ID: 2016092716916-24 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir FL Blue Ctr for Health Pol Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jamison, Robin, A, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 800** City State Zip Code Transaction ID: 201608301739-171 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 17.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 345.76 Other (specify) 57.39 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jamison, Robin, A,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 800 16 2016 City Zip Code State Transaction ID: 20160913202946-170 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 17.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 345.76 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Jamison, Robin, A, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 800 City State Zip Code Transaction ID: 2016092716916-170 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 17.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 345.76 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Jarrett, Mary, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-15 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Assistant General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 74.78 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jarrett, Mary, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-66 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Assistant General Counsel **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jarrett, Mary, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City State Zip Code Transaction ID: 2016102115241-66 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options Assistant General Counsel** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Jenkins, Tony, , , Date of Receipt Mailing Address 610 Crescent Executive Court 02 2016 Suite #600 City State Zip Code Transaction ID: 201608301739-275 FL Lake Mary 32746 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Market President - Central FL Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 95.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jenkins, Tony, , , Date of Receipt Mailing Address 610 Crescent Executive Court Suite #600 16 2016 City Zip Code State Transaction ID: 20160913202946-276 FL Lake Mary 32746 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Market President - Central FL Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Jenkins, Tony, , , Date of Receipt Mailing Address 610 Crescent Executive Court 2016 Suite #600 City State Zip Code Transaction ID: 2016092716916-271 FL Lake Mary 32746 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Market President - Central FL Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Joseph, Charles, S., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-265 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla SVP Gen Counsel & Corp Sec Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Joseph, Charles, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-266 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP Gen Counsel & Corp Sec Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Joseph, Charles, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-261 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla SVP Gen Counsel & Corp Sec Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelley, Diane, E., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 900** City State Zip Code Transaction ID: 201608301739-252 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 11.96 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP POD Organization Receipt For: Aggregate Year-to-Date ▼ Primary General 239.20 Other (specify) 91.96 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelley, Diane, E, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 900 16 2016 City Zip Code State Transaction ID: 20160913202946-251 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 11.96 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP POD Organization Receipt For: Aggregate Year-to-Date ▼ Primary General 239.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelley, Diane, E,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 900 City State Zip Code Transaction ID: 2016092716916-248 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 11.96 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP POD Organization Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 239.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kirksey, Christine, C., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-34 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Coast Service Options Mgr Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 43.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kirksey, Christine, C., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-34 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Coast Service Options Mgr Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kirksey, Christine, C., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 2016102115241-34 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Coast Service Options Mgr Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kouris, Nicholas, S., Date of Receipt Mailing Address 4350 West Cypress Street 02 2016 Suite 400 City State Zip Code Transaction ID: 201608301739-184 FL Tampa 33607 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Market Development Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kouris, Nicholas, S,, Date of Receipt Mailing Address 4350 West Cypress Street Suite 400 16 2016 City Zip Code State Transaction ID: 20160913202946-183 FL Tampa 33607 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Market Development Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kouris, Nicholas, S, , Date of Receipt Mailing Address 4350 West Cypress Street 09 2016 Suite 400 City State Zip Code Transaction ID: 2016092716916-182 FL Tampa 33607 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Market Development Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kozdras, Michael, W., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-16 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Sr Mgr Govt Acct and Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kozdras, Michael, W.,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-69 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Sr Mgr Govt Acct and Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kozdras, Michael, W.,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City State Zip Code Transaction ID: 2016102115241-69 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Sr Mgr Govt Acct and Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lampone, Thomas, , , Date of Receipt Mailing Address 2190 Airport Blvd. 02 2016 Suite 3000 City State Zip Code Transaction ID: 201608301739-104 FL Pensacola 32504 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Regional Medical Dir Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lothes, Martin, W, , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-53 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Dir Fin Ops & Medicare CFO First Coast Service Options Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lothes, Martin, W., Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 2016102115241-53 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Coast Service Options Sr Dir Fin Ops & Medicare CFO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lucas, Marymargaret, , , Date of Receipt Mailing Address 770 Northpoint Parkway 02 2016 Suite 200 City State Zip Code Transaction ID: 201608301739-190 FL West Palm Beach 33407 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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\rangle	NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION (COMMITTE	EE (THE PAC OF BLUE CRO	SS & BLUE SHIELD OF FL, INC)
١.	Full Name of Individual (Last, First, Middle Initial) Lucas, Marymargaret, , ,	or Full Org	anization Name	Date of Receipt
	Mailing Address 770 Northpoint Parkway Suite 200			09 16 7 2016
	City West Palm Beach	State FL	Zip Code 33407	Transaction ID : 20160913202946-189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occup Sr Dir	vation (for Individual) Sales	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
3.	Full Name of Individual (Last, First, Middle Initial) Lucas, Marymargaret, , ,	or Full Org	anization Name	Date of Receipt
	Mailing Address 770 Northpoint Parkway Suite 200 City	State	Zip Code	09 30 2016 Transaction ID : 2016092716916-188
	West Palm Beach FEC ID number of contributing federal political committee.	C	33407	Amount of Each Receipt this Period 25.00
	Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Sr Dir	pation (for Individual) Sales ear-to-Date ▼	Memo Item
	Primary General Other (specify) ▼	4	500,00	
).	Full Name of Individual (Last, First, Middle Initial) Martin, Kimberly, G, ,	or Full Org	anization Name	Date of Receipt
	Mailing Address 4800 Deerwood Campus Pkwy	lo:		09 02 2016
	City Jacksonville	State FL	Zip Code 32246	Transaction ID : 20160912162446-60 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) Novitas	VP Op	ation (for Individual) perations	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 305.00	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Kathleen, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-207 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Talent Acquisition Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Miller, Kathleen, M, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-205 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Talent Acquisition Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moneypenny, Scott, D, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-97 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 14.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Conslt HRIS & App Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 64.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moneypenny, Scott, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-96 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 14.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Conslt HRIS & App Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moneypenny, Scott, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-96 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 14.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Conslt HRIS & App Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Naidoo, Allen, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 **Building 300** City State Zip Code Transaction ID: 2016092716916-286 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Chief Analytics Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 78.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Norse, Samieh, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 200 2016 City Zip Code State Transaction ID: 201608301739-63 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir - Contact Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Norse, Samieh, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 200 City State Zip Code Transaction ID: 20160913202946-62 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir - Contact Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Norse, Samieh, S., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 Building 200 City State Zip Code Transaction ID: 2016092716916-62 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir - Contact Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orenchuk, Michael, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 20160912162446-18 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Chief Info Officer **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Orenchuk, Michael, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City State Zip Code Transaction ID: 20160919131540-57 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** VP Chief Info Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Orenchuk, Michael, S., Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 30 2016 City Zip Code State Transaction ID: 2016102115241-57 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** VP Chief Info Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ozanne-Tolman, Dawn, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 201608301739-151 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 22.49 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Director Procurement Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 446.10 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ozanne-Tolman, Dawn, M., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-150 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 22.49 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Director Procurement Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 446.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ozanne-Tolman, Dawn, M, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-150 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 22.49 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Director Procurement Receipt For: Aggregate Year-to-Date ▼ Primary General 446.10 Other (specify)

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Porter, Gayeta, C., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 20160912162446-19 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) H-Dir Medicare Contract Admin **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Porter, Gayeta, C., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City State Zip Code Transaction ID: 20160919131540-6 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** H-Dir Medicare Contract Admin Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Porter, Gayeta, C., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 30 2016 City Zip Code State Transaction ID: 2016102115241-6 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** H-Dir Medicare Contract Admin Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ramsey, Martin, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 2016 City Zip Code State Transaction ID: 201608301739-232 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Managing Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ramsey, Martin, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 300 City State Zip Code Transaction ID: 20160913202946-231 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Managing Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ramsey, Martin, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 **Building 300** City State Zip Code Transaction ID: 2016092716916-228 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Managing Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ruth, Amy, L,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 201608301739-278 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla SVP HSG & Chief HR Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ruth, Amy, L,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-279 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla SVP HSG & Chief HR Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ruth, Amy, L, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-275 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla SVP HSG & Chief HR Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shaffer, Penelope, S,, Date of Receipt Mailing Address Westside Corporate Center 8400 NW 33rd Street 2016 City Zip Code State Transaction ID: 201608301739-277 FL Miami 33122 Amount of Each Receipt this Period FEC ID number of contributing C 90.03 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Market President - South FL Receipt For: Aggregate Year-to-Date ▼ Primary General 1793.56 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shaffer, Penelope, S,, Date of Receipt Mailing Address Westside Corporate Center 09 16 2016 8400 NW 33rd Street City State Zip Code Transaction ID: 20160913202946-278 FL Miami 33122 Amount of Each Receipt this Period FEC ID number of contributing 90.03 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Market President - South FL Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1793.56 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Shaffer, Penelope, S., Date of Receipt Mailing Address Westside Corporate Center 30 2016 8400 NW 33rd Street City State Zip Code Transaction ID: 2016092716916-274 FL Miami 33122 Amount of Each Receipt this Period FEC ID number of contributing C 90.03 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Market President - South FL Receipt For: Aggregate Year-to-Date ▼ Primary General 1793.56 Other (specify) 270.09 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Darnell, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 2016 City Zip Code State Transaction ID: 201608301739-261 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Market President - North FL Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Darnell, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-262 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Market President - North FL Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Smith, Darnell, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 30 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-257 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Market President - North FL Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Steven, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 16 2016 City Zip Code State Transaction ID: 20160913202946-15 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 10.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir Govt & Legis Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Steven, D,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 300 City State Zip Code Transaction ID: 2016092716916-15 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 10.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Dir Govt & Legis Relations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Somers, Erin, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-289 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chief Communications Officer Receipt For: Aggregate Year-to-Date ▼ Primary General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Somers, Erin, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-290 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chief Communications Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1984.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Somers, Erin, S,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-287 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Chief Communications Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1984.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sommer, Kelly, A, , Date of Receipt Mailing Address 770 Northpoint Parkway 02 2016 Suite 200 City State Zip Code Transaction ID: 201608301739-150 FL West Palm Beach 33407 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Mid Mrkt Acct Exe - Combo Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sommer, Kelly, A,, Date of Receipt Mailing Address 770 Northpoint Parkway Suite 200 16 2016 City Zip Code State Transaction ID: 20160913202946-149 FL West Palm Beach 33407 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Mid Mrkt Acct Exe - Combo Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sommer, Kelly, A,, Date of Receipt Mailing Address 770 Northpoint Parkway 09 2016 Suite 200 City State Zip Code Transaction ID: 2016092716916-149 West Palm Beach FL 33407 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Mid Mrkt Acct Exe - Combo Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Strayer-Herbert, Martina, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-22 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Dir Quality&Operational Impro Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Strayer-Herbert, Martina, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-52 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir Quality&Operational Impro **Diversified Service Options** Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Strayer-Herbert, Martina, , , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 09 2016 City State Zip Code Transaction ID: 2016102115241-52 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Diversified Service Options** Dir Quality&Operational Impro Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Trevathan, John, Enver, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 200** City State Zip Code Transaction ID: 201608301739-291 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Corporate Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Trevathan, John, Enver, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 200 16 2016 City Zip Code State Transaction ID: 20160913202946-292 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP Corporate Services** Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Trevathan, John, Enver, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 200 City State Zip Code Transaction ID: 2016092716916-289 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **VP Corporate Services** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tucker, Sondra, M, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 900** City State Zip Code Transaction ID: 201608301739-271 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Corp Dev & Strategic Invmts Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Urbanek, Jon, R,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-261 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **SVP Health Insurance Markets** Blue Cross Blue Shield of Fla Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Urbanek, Jon, R,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-256 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla **SVP Health Insurance Markets** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Vaughan, David, B., , Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-71 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) H-VP & MAC Program Mgr-Mcr **Novitas** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wagner, Dianne, E,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 16 2016 City Zip Code State Transaction ID: 20160913202946-58 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Provider Network Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wagner, Dianne, E,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 300 City State Zip Code Transaction ID: 2016092716916-58 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir Provider Network Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wagner, Tammy, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 300** City State Zip Code Transaction ID: 201608301739-138 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Delivery System Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional).....

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12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wagner, Tammy, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 16 2016 City Zip Code State Transaction ID: 20160913202946-137 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Delivery System Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Wagner, Tammy, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 300 City State Zip Code Transaction ID: 2016092716916-137 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Mgr Delivery System Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wall, Robert, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 **Building 300** City State Zip Code Transaction ID: 201608301739-274 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Business Operations GWH Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 115.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wall, Robert, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 300 16 2016 City Zip Code State Transaction ID: 20160913202946-275 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Business Operations GWH Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Wall, Robert, , , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 300 City State Zip Code Transaction ID: 2016092716916-270 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Business Operations GWH Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Welsh, Gina, M, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 02 2016 City Zip Code State Transaction ID: 20160912162446-73 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Mgr Mailroom & Imaging **Novitas** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 175.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Welsh, Gina, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-16 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Novitas** Sr Mgr Mailroom & Imaging Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Welsh, Gina, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City State Zip Code Transaction ID: 2016102115241-16 Jacksonville FL 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Novitas** Sr Mgr Mailroom & Imaging Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, Deborah, F., Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 02 2016 Building 100 City State Zip Code Transaction ID: 201608301739-20 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 19.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir - Program Devmt Receipt For: Aggregate Year-to-Date ▼ Primary General 382.60 Other (specify) 69.13 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Deborah, F,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway Building 100 16 2016 City Zip Code State Transaction ID: 20160913202946-20 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 19.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir - Program Devmt Receipt For: Aggregate Year-to-Date ▼ Primary General 382.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Williams, Deborah, F,, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 09 2016 Building 100 City State Zip Code Transaction ID: 2016092716916-20 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 19.13 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla Sr Dir - Program Devmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 382.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, Susan, M, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 16 2016 City Zip Code State Transaction ID: 20160919131540-18 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Director Claims **Novitas** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 58.26 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL. INC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Susan, M,, Date of Receipt Mailing Address 4800 Deerwood Campus Pkwy 2016 City Zip Code State Transaction ID: 2016102115241-18 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Director Claims **Novitas** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Zoller, Philip, L, , Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 2016 Building 100 City State Zip Code Transaction ID: 201608301739-259 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Enterprise Learning & Devmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zoller, Philip, L, Date of Receipt Mailing Address 4800 Deerwood Campus Parkway 16 2016 Building 100 City State Zip Code Transaction ID: 20160913202946-260 FL Jacksonville 32246 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Fla VP Enterprise Learning & Devmt Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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_	ull Name (Last, First, Middle Initial) Bill Nelson for U S Senate				Date of Disbursement			
M	ailing Address 972 W Whitmire Drive				09 12 2016			
М	elbourne	State FL	Zip Code 32935		FEC Identification Number			
2	urpose of Disbursement 2018 General		[011	C C00344051 Transaction ID : 630B0FC54B			
Ν	andidate Name Ielson, Bill, , ,			Category/ Type	Amount of Each Disbursement this Period			
O	x Senate	nent For: 2	✗ General		5000.00			
	President District:	Other (spec	lity) ▼		Memo Item			
B. E	ull Name (Last, First, Middle Initial) Bill Nelson for U S Senate				Date of Disbursement			
_	ailing Address 972 W Whitmire Drive				09 12 2016			
М	lelbourne	State FL	Zip Code 32935		FEC Identification Number			
2	urpose of Disbursement 2018 Primary			011	C C00344051 Transaction ID : BF910BC7556			
N	andidate Name Nelson, Bill, , ,	Category/ Type			Amount of Each Disbursement this Period			
Ō	x Senate x	nent For: 2018 Primary General			2500.00			
St	President tate: FL District:	Other (spec	ity)		Memo Item			
	ull Name (Last, First, Middle Initial) Carlos Curbelo Congress				Date of Disbursement			
M	ailing Address 8724 SW 72nd St		09 09 2016					
M Pu	ity siami surpose of Disbursement	Zip Code 33173-3512		FEC Identification Number C C00546846				
C	2016 General andidate Name Curbelo, Carlos, Luis, ,	O11 Category/ Type	Transaction ID: D186E6A1D1 Amount of Each Disbursement this Period					
	Office Sought: W House Disbursement For: 2016 Senate Primary W General President Other (specify) ▼				2500.00 Memo Item			
St	tate: FL District: 26				Ц			
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or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION CO	OMMITTEE (THE PAC	OF BLUE CRC	OSS & BLUE SHIELD OF FL, INC)						
Full Name (Last, First, Middle Initial)									
A. Daniel Webster for Congress			Date of Disbursement						
Mailing Address PO Box 1007			09 06 7 2016						
City	State Zip Code		FEC Identification Number						
Webster	FL 33597		FEC Identification Number						
Purpose of Disbursement 2016 General		011	C C00481911 Transaction ID: 8F8B6666025						
Candidate Name		Category/	Amount of Each Disbursement this Period						
Webster, Daniel, Alan, ,		Type	1000.00						
	nent For: 2016		1000.00						
President	Primary		Memo Item						
State: FL District: 11									
Full Name (Last, First, Middle Initial) B. Dorrop Soto for Congress			Date of Disbursement						
B. Darren Soto for Congress			M M / D D / Y Y Y Y						
Mailing Address 338 N Magnolia Avenue Suite D			09 20 2016						
City	State Zip Code		FEC Identification Number						
Orlando Diskumana de la Contraction de la Contra	FL 32801								
Purpose of Disbursement 2016 General		011	C C00581074						
Candidate Name			Transaction ID : D61A3191369						
Soto, Darren, Michael, ,		Category/ Type	Amount of Each Disbursement this Period						
	nent For: 2016		1000.00						
	Primary General								
	Other (specify)		Memo Item						
State: FL District: 09									
Full Name (Last, First, Middle Initial) C. Debbie Wasserman Schultz for Coi	naress		Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address 1071 Twin Branch Ln			09 30 2016						
,	State Zip Code		FEC Identification Number						
Weston Purpose of Disbursement	FL 33326								
2016 General		011	C C00385773						
Candidate Name			Transaction ID: 473F045B6F4 Amount of Each Disbursement this Period						
Wasserman Schultz, Debbie, , ,		Category/ Type	Amount of Each Disbursement this Feriod						
Office Sought: House Disbursen	nent For: 2016		2500.00						
	Primary General								
	Other (specify) ▼		Memo Item						
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such commit NAME OF COMMITTEE (in Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC Full Name (Last, First, Middle Initial) A. Friends of David Jolly Mailing Address PO Box 1158 City Tallahame (Last, First, Middle Initial) B. Friends of Matt Gaetz Mailing Address 610 S. Boulevard City Tallahame (Last, First, Middle Initial) B. Friends of Matt Gaetz Mailing Address 610 S. Boulevard City Tallahame (Last, First, Middle Initial) State: FL District: 01 Full Name (Last, First, Middle Initial) Cardidate Name Gaetz, Matt, Jerry, Office Sought:	HEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 OF (check only one)
NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC Full Name (Last, First, Middle Initial) A. Friends of David Jolly Mailing Address PO Box 1158 City State Zip Code Indian Rocks Beach Purpose of Disbursement Z016 General Z016 General President State: FL District 13 Full Name (Last, First, Middle Initial) B. Friends of Matt Gaetz Mailing Address 610 S. Boulevard City Tampa Senate Primary X General Z016 General	WIZED DISBURSEIVIEN IS	for each category of the	21b 22 X 23 26 27
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A. Friends of David Jolly Mailing Address PO Box 1158 City Indian Rocks Beach Purpose of Disbursement 2016 General Terms Sanate President State: FL District: 13 Full Name (Last, First, Middle Initial) B. Friends of Matt Gaetz Mailing Address 610 S. Boulevard City Tampa State: FL District: 01 City Tampa State: FL District: 01 City Tampa State: FL District: 01 City Tampa State: Purpose of Disbursement 2016 General President State: FL District: 01 Fell Name (Last, First, Middle Initial) Friends of Matt Gaetz Mailing Address 610 S. Boulevard City Tampa Purpose of Disbursement 2016 General President State: FL District: 01 Fell Name (Last, First, Middle Initial) Firends of Neal Dunn Mailing Address 2640A Mitcham Drive City Tallahassee FL District: 01 Friends of Neal Dunn Mailing Address 2640A Mitcham Drive City Tallahassee FL Zip Code FL 32308 Purpose of Disbursement 2016 General Candidate Name President Pre	, ,	DMMITTEE (THE PAC OF	F BLUE CROSS & BLUE SHIELD OF FL, INC)
City Indian Rocks Beach FL State Suppose of Disbursement 2016 General Candidate Name Jolly, David, Wilson, , Office Sought: x House Prinary x General Prinary x General Prinary x General Candidate Name Jolly General President State: FL District: 13 Full Name (Last, First, Middle Initial) B. Friends of Matt Gaetz Mailing Address 610 S. Boulevard City Tampa FL 33666 Purpose of Disbursement 2016 General Prinary x General Prinary x General Prinary x General Prinary x General Candidate Name Senate Prinary x General Candidate Name Gaetz, Matt, Jerry, Office Sought: x House Disbursement For: 2016 Fell Name (Last, First, Middle Initial) Category' Type Transaction ID: 177708B05C0 Amount of Each Disbursement this President State: FL District: 01 Fell Name (Last, First, Middle Initial) Category' Type Transaction ID: 177708B05C0 Amount of Each Disbursement this Prinary x General Other (specify) Transaction ID: 177708B05C0 Amount of Each Disbursement this Prinary x General Other (specify) Transaction ID: 177708B05C0 Amount of Each Disbursement this Prinary x General Other (specify) Transaction ID: 177708B05C0 Amount of Each Disbursement this Date of Disbursement this Date of Disbursement this Date of Disbursement Type Transaction ID: 177708B05C0 Amount of Each Disbursement Type Type 1000.0			Date of Dishumana
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Indian Rocks Beach	aming Address 1 of Box 1.00		
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Candidate Name Jolly, David, Wilson, Office Sought:	urpose of Disbursement	33763	011
Office Sought:			Category/ Amount of Each Disbursement this Perio
Friends of Matt Gaetz Mailing Address 610 S. Boulevard City Tampa Purpose of Disbursement 2016 General Candidate Name Gaetz, Matt, Jerry, Office Sought: State: FL District: 01 Full Name (Last, First, Middle Initial) Senate President State: FL District: 01 Full Name (Last, First, Middle Initial) C. Friends of Neal Dunn Mailing Address 2640A Mitcham Drive City Tallahassee Purpose of Disbursement State: FL District: 01 Full Name (Last, First, Middle Initial) C. Griends of Neal Dunn Mailing Address 2640A Mitcham Drive City Tallahassee Purpose of Disbursement 2016 General Candidate Name Dunn, Neal, Patrick, Office Sought: X House Disbursement For: 2016 City Tallahassee Purpose of Disbursement 2016 General Candidate Name Dunn, Neal, Patrick, Office Sought: X House Disbursement For: 2016 Disbursement For: 2016 Category/ Type Transaction ID: 177708B05C0 Amount of Each Disbursement Date of Disbursement C C00582304 Transaction ID: 9548F4080C: Amount of Each Disbursement this Transaction ID: 9548F4080C: Amount of Each Disbursement this C C00582304 Transaction ID: 9548F4080C: Amount of Each Disbursement this C Co0582304 Transaction ID: 9548F4080C: Amount of Each Disbursement this C Co0582304 Transaction ID: 9548F4080C: Amount of Each Disbursement this C Co0582304 Transaction ID: 9548F4080C: Amount of Each Disbursement this C Co0582304 Transaction ID: 9548F4080C: Amount of Each Disbursement this C Co0582304 Transaction ID: 9548F4080C: Amount of Each Disbursement this	ffice Sought: House Disburseme		Type 2500.00
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State: FL District: 01 Full Name (Last, First, Middle Initial) Friends of Neal Dunn Mailing Address 2640A Mitcham Drive City Tallahassee Purpose of Disbursement 2016 General Candidate Name Dunn, Neal, Patrick, , Office Sought: Amount of Each Disbursement this Primary & General Other (specify) Memo Item Date of Disbursement Tell Alabasee FEC Identification Number Category/ Type Category/ Type Other (specify) Memo Item M	ffice Sought: House Disburseme		1000.00
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Purpose of Disbursement 2016 General Candidate Name Dunn, Neal, Patrick, , Office Sought: Value		'	FEC Identification Number
Candidate Name Dunn, Neal, Patrick, Office Sought: Disbursement For: 2016 Senate Primary Other (specify) President Amount of Each Disbursement this 1000.1	urpose of Disbursement	011	
Office Sought: House Senate Primary President Other (specify)		Category/ Amount of Each Disbursement this Perio	
President	ffice Sought: X House Disburseme Senate Pi	Primary x General	1000.00
State: FL District: 02		Other (specify) ▼	Memo Item
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NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)										
Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress Mailing Address 8724 SW 72nd Street # 420			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City Miami Purpose of Disbursement 2016 General Candidate Name Diaz-Balart, Mario, Rafael,, Office Sought: x House Disbursement Senate Disbursement Disburs	State Zip Code 33173-3512 Thent For: 2016 Primary X General	O11 Category/ Type	FEC Identification Number C C00376087 Transaction ID : A6249EC7868 Amount of Each Disbursement this Period 2500.00							
State: FL District: 25 Full Name (Last, First, Middle Initial)	Other (specify) ▼		Memo Item							
B. Ros-Lehtinen for Congress Mailing Address PO Box 522784			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
,	State Zip Code FL 33152-2784	011 Category/ Type	FEC Identification Number C C00280537 Transaction ID : 0CD0080FD77 Amount of Each Disbursement this Period							
Office Sought: House Disbursem	nent For: 2016 Primary General Other (specify)	,,	1500.00 Memo Item							
Full Name (Last, First, Middle Initial) Ted Deutch for Congress Committee Mailing Address 1050 17th St, NW, Ste 590	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City Washington Purpose of Disbursement 2016 General Candidate Name Deutch, Theodore, Eliot, ,	011 Category/ Type	FEC Identification Number C C00469163 Transaction ID: 833A4F8BE7 Amount of Each Disbursement this Period								
Office Sought: House Disbursem	nent For: 2016 Primary General Other (specify)		1500.00 Memo Item							
SUBTOTAL of Disbursements This Page (optional)										
TOTAL This Period (last page this line number only)										

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SCHEDULE B (FEC Form 3X)			FOR LINE	PAGE 86 OF 86			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check on	ly one)			
		Summary Page	21b 28a		26 27 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) FLORIDA HEALTH POLITICAL ACTION CO	OMMITTEE	E (THE PAC C	OF BLUE CR	OSS & BLUE SHIELI	O OF FL, INC)		
Full Name (Last, First, Middle Initial)							
A. Vern Buchanan for Congress				Date of Disbursemen	/ Y Y Y Y Y		
Mailing Address PO Box 48928				09 12	2016		
City Sarasota	State FL	Zip Code 34230		FEC Identification No	ımber		
Purpose of Disbursement		34230		C C00412759			
2016 General			011	Transaction ID :	D2622D A 26 A		
Candidate Name			Category/		oursement this Period		
Buchanan, Vernon, Gale, ,			Туре		1 1 2		
	nent For: 20 Primary	016 X General		7	5000.00		
State: FL District: 16	Other (speci	ify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)							
В.				Date of Disbursemen	nt		
Mailing Address							
City	State	Zip Code		FEC Identification Nu	umber		
Purpose of Disbursement	Category/ Type nent For: Primary General Other (specify)			C			
Candidate Name				Amount of Each Disbursement this Period			
Office Sought: House Disbursem				11:::::::::::::::::::::::::::::::::::::			
				Memo Item			
State: District:				Ц			
Full Name (Last, First, Middle Initial) C.				Date of Disbursemen	nt		
Mailing Address				M M M / D D	/ Y Y Y Y Y		
City	State	Zip Code		FEC Identification Nu	ımber		
Purpose of Disbursement				C			
Candidate Name	Category/ Type			Amount of Each Disbursement this Period			
Office Sought: House Disbursen					4 4		
	Primary Other (speci	☐ General		п			
State: District:	(-10.			Memo Item			
SUBTOTAL of Disbursements This Page (optional)				45	5000.00		
TOTAL This Period (last page this line number only)					29500.00		